

Statement of Deficiencies

1507-E: Daily Attendance Records - Visitors

Not Met

1507-E: A daily attendance record for all visitors to include the name, date of visit, arrival and departure times, and the purpose of the visit.

Finding:

1507-E Based on record review/observations: The center's visitor's daily attendance record did not accurately reflect when a Visitor was on the child care premises as evidenced by on April 11, 2018, Specialist observed O1 present and cleaning the facility at time of arrival. Specialist also observed O2 present working in an office beside O1's office at 10:20 AM. Specialist reviewed the center visitor log and found that neither O1 or O2 was signed in on the center's visitor log.

1509-A.8. a-b: Behavior Management Policy

Not Met

1509-A.8. a-b: Behavior Management Policy

Each center shall develop and implement a written behavior management policy describing the methods of behavior guidance and management that shall be used at the center.

The behavior management policy shall prohibit children from being subject to any of the following:

- i. physical or corporal punishment which includes but is not limited to yelling, slapping, spanking, yanking, shaking, pinching, exposure to extreme temperatures or other measures producing physical pain, putting anything in the mouth of a child, requiring a child to exercise, or placing a child in an uncomfortable position.
- ii. verbal abuse, which includes but is not limited to using offensive or profane language, telling a child to "shut up", or making derogatory remarks about children or family members of children in the presence of children;
- iii. the threat of a prohibited action even if there is no intent to follow through with the threat;
- iv. being disciplined by another child;
- v. being bullied by another child;
- vi. being deprived of food or beverages;
- vii. being restrained by devices such as high chairs or feeding tables for disciplinary purposes; and
- viii. having active play time withheld for disciplinary purposes, except timeout may be used during active play time for an infraction incurred during the playtime.

Finding:

1509-A.8. a-b Based on observations/record review/interview(s): Though the center has a Behavior Management policy, a center staff used a prohibited method of discipline as children were subject to verbal abuse. On April 11, 2018, Specialist was seated at a table outside of classroom one when the Specialist heard a staff member loudly and clearly telling children to line up. This same adult voice was also heard clearly telling the children to "shut up". Specialist entered the classroom and observed S3 and S8 were the only adults present with a class of children ages 2 through 3 who were lining up. Specialist heard S8 directing the children to line up. Specialist found that S8's voice sounded exactly the same as the voice that told the class to "shut up". Specialist advised S1 of what occurred. Both S3 and S8 stated that they were not the person to say it. Though Specialist definitely heard an adult in this classroom advise children to "shut up as they lined up, Specialist was unable to determine whether it was S3 or S8. S1 stated that she would address this issue.

1509-A.9: Electronic Devices Policy

Not Met

1509-A.9: Electronic Devices Policy that provides that all activities involving electronic devices, including but not limited to television, movies, games, videos, computers and hand held electronic devices, shall adhere to the following limitations:

- a. Electronic device activities for children under age two are prohibited; and
- b. Time allowed for electronic device activities for children ages 2 and above shall not exceed 2 hours per day.

Finding:

1509-A.9 Based on observations/interview(s)/record review: Though the Provider has an Electronic devices policy, center staff did not follow the Electronic Devices Policy as Electronic Devices were used by children under age 2. Specialist observed 8 1 year old children seated on a rug in front of the TV in the cafeteria area watching TV. Specialist advised center staff that children under 2 could not watch TV while in care. Specialist observed this was corrected prior to departure.

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1703.B: Visitors - CBC/Accompanied

Not Met

1703.B: An early learning center shall obtain documentation of a satisfactory fingerprint based CBC for each visitor or independent contractor of any kind, prior to the person being present at the center or performing services for the center UNLESS the visitor or independent contractor WILL BE accompanied at all times while on the center premises by an adult, paid, staff member who is not being counted in child to staff ratios, and the center shall have copies of said documentation on-site at all times and available for inspection upon request by the Licensing Division.

1. Documentation of the paid, adult staff member not otherwise counted in child to staff ratios who accompanied a visitor or independent contractor at all times while the visitor or contractor was on the center premises shall include the date, arrival and departure time of the visitor or contractor, language stating that the visit or contractor was accompanied by the staff member at all times while on the premises, and the signature of both the contractor and the accompanying staff member.

Finding:

1703.B Based on record review/interview(s): A satisfactory fingerprint based CBC was not obtained for each visitor and independent contractor, prior to the person being present at the center or performing services as evidence by: Specialist found that O1, O3, O4, O5, and O6 were each present in the center at various dates; however, the center did not have documentation of a valid CBC for them. Specialist found that while the center did have a right to review on file for O7, the Right to Review expired March 8, 2017. O7 was present in the center on various dates from August 2017 through October 2017. The Center did not have documentation of the paid, adult staff member not otherwise counted in child to staff ratios who accompanied visitor and independent contractor at all times while they were on the center premises. Documentation did not include the language stating that they were accompanied by the staff member at all times while on the premises and signature of the staff member.

1711-A-B-D-G: Child to Staff Ratio

Not Met

1711-A-B-D-G: A. Child to staff ratios are established to ensure the safety of all children.

B. Minimum child to staff ratios shall be met at all times.

1. There shall be a minimum of two staff members present at an early learning center when more than one child is present.
2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.

D. Minimum Child to Staff Ratios for Type II and Type III centers:

Ages of Children		Ratio
Infants under 1 year		5:1
1 year	7:1	11:1
2 years		
3 years	13:1	15:1
4 years		
5 years	23:1	19:1
6 years and up		

G. Mixed Age Groups - Minimum Child to Staff Ratios

1. An average of the child to staff ratios may be applied to mixed age groups of children ages 2, 3, 4 and 5
2. Child to staff ratios for children under age two are excluded from averaging.
3. When a mixed age group includes children younger than age two, the age of the youngest child determines the child to staff ratio for the group.
4. An average may be applied to a mixed age group consisting only of children ages 5 and older.

Finding:

1711-A-B-D-G Based on observations/interview(s)/record review: The Provider failed to meet the required child to staff ratio for children of the following ages: 7 infants with 1 staff and 57 children age 1 through 5 (9 one year olds, 12 two year olds, 12 three year olds, 14 four year olds, and 10 five year olds) with 3 staff. In order to meet child to staff ratio, 2 staff should have been present with the 7 infants and 5 staff should have been present with the 57 children ages one through 5. Specialist arrived at the facility at 8:30 AM on April 11, 2018 and observed S3, S4, and S5 present with a group of 57 children ages one through five. Specialist also observed S6 present with a group of 7 infants. Specialist observed S2 in the kitchen serving breakfast during this time. Specialist observed that S7, S10, and S17 entered the facility during the same time as the Specialist. Specialist observed S8 and S9 exit classrooms with closed doors after Specialist arrival. Specialist observed that Supervision was met prior to Specialist departure.

1901-J.&K.: Items That Can be Harmful to Children

Not Met

1901-J.&K.: Items that can be harmful to children, such as medications, poisons, cleaning supplies and chemicals, and equipment, tools, knives and other potentially dangerous utensils, shall kept in a locked cabinet or other secure place that ensures they are inaccessible to children. Plastic bags, when not in use, regardless of purpose or use, shall be made inaccessible to children.

Finding:

1901-K-K: Based on observations and interviews: Items that can be harmful to children, such as cleaning supplies and chemicals, were not kept in a

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locked cabinet or other secure place that ensures they are inaccessible to children. Specialist observed a can of air freshener on the counter of both of the restrooms, Specialist observed that the cabinet beneath the changing table in the boys restroom was not locked and contained a bottle of bleach water, Specialist observed a bottle of bleach water on a low shelf in classroom #1 and a canister of Lysol spray on a shelf in reach of children in classroom #3. S1 directed staff to correct prior to Specialist departure.

1915-B.&C: Health Services - Parental Notification

Not Met

1915-B.&C:

B. Reporting. Incidents, injuries, accidents, illnesses, and unusual behavior shall be documented and reported to the parent no later than when the child is released to the parent or authorized representative on the day of the occurrence.

C. Immediate Notification. The parent shall be immediately notified in the following circumstances:

1. blood not contained in an adhesive strip;
2. head or neck or eye injury;
3. human bite that breaks the skin;
4. animal bite;
5. impaled object;
6. broken or dislodged teeth;
7. allergic reaction skin changes (e.g. rash, spots, swelling, etc.);
8. unusual breathing;
9. symptoms of dehydration;
10. temperature reading over 101° oral, 102° rectal, or 100° axillary; or
11. injury or illness requiring professional medical attention.

Finding:

1915- B&C: Based on record review: The Provider did not have documentation of immediate notification to the parent when a child had a head or neck injury. On January 19, 2018, a child was scratched on the face by another child at 9:40 AM; however, the parent was not notified until 4:25 PM. On February 6, 2018, a child fell and hit her forehead causing a mark at 3:45 PM; however, the parent was notified at 5:00 PM. The center documented that a child bumped the left side of his head against the wall after being pushed on November 2, 2017 at 11:10 AM; and, on November 29, 2017 at 10:40 AM, a child ran into another child and bumped her head. The incident reports for each of these incident read that the parent was notified upon arrival; however, there was no time documented so that Specialist could determine if the parent was immediately notified. Specialist advised S1 that the parent must immediately be notified of any head or neck injury.